COMPREHENSIVE MEDICAL & DENTAL PROGRAM

Provider Review

Issue 2 Volume13 2014

International Classification of Disease 10 Update

On April 1,2014, the Protecting Access to Medicare Act of 2014 (PAMA) (Pub. L. No. 113-93) was enacted, this legislation essentially moved the effective date for the International Classification of Disease 10 revision (ICD-10) compliance back one year. Despite the Center for Medicare and Medicaid Services (CMS) implementation delay, Arizona Health Care Cost Containment System (AHCCCS) has directed all Medicaid Health Plans to proceed under the existing implementation schedule. The CMS directive will allow for additional testing post 10/1/14.This gives all medical organizations an opportunity to make sure they are ICD-10 compliant by 10/1/15. Comprehensive Medical and Dental Program (CMDP) intends to use this opportunity to conduct further internal/ external testing with our different stakeholders. If your practice has already conducted ICD-10, testing with CMDP no further action is needed. Additionally, your practice is not obligated to test ICD-10 with CMDP. CMDP does encourage all providers to conduct ICD-10 testing with CMDP.

If you have additional, questions please contact us at (602) 351-2245 or (800) 201-1795.

Thank you for providing excellent services to Arizona's children in care.

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Is Your Clearinghouse On This List?

Dental Exchange Emdeon Gateway HEW

If you are contracted with one of these, you may be just one click away from billing us electronically! CMDP has registered, tested and proven its ability to accurately receive claims from these professional billers. If you or your clearinghouse would like to register with CMDP, please visit our website: https://www.azdes.gov/cmdp/ to become a Trading Partner today!

Early Periodic Screening, Diagnosis and Treatment and an EP Modifier Go Hand and Hand

Effective 4/1/14, Arizona Health Care Cost Containment System (AHCCCS) requires the use of an EP modifier on Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) visits.

99381 – 99385
99391 – 99395

Claims for EPSDT services must be submitted on a CMS (formerly Health Care Financing Administration Claim-HCFA1500 form). EPSDT visits are paid at a global rate and Providers must use an EP modifier to designate all services related to the EPSDT well child check-ups, including routine vision and hearing screenings. Appropriate vision, hearing, and speech screenings are covered during an EPSDT visit. Vision and Hearing Current Procedural Terminology (CPT) Codes with the EP modifier must be listed on the claim form in addition to the preventive medicine CPT codes for visit screening assessment. Payment for vision and hearing exams, include but are not limited to the following CPT codes:

92015	**92568**
92081	**92285**
92285	**92286**
92551	**92587**
92552	**92588**
92553	**95930**
92567	**99173**

Any other procedure that may be interpreted as fulfilling the vision and hearing requirements provided in a Primary Care Providers (PCP's) office during an EPSDT visit *are considered part of the EPSDT visit* and are not a separately billable services. Also payment for laboratory services that are not separately billable and considered part of the payment made for the EPSDT visit include but are not limited to:

99000	**36400**
36415	**36406**
36416	**36410**

Please utilize the following link and refer to chapter 400 AHCCCS Medical Policy Manual, to review the new requirements
http://www.azahcccs.gov/shared/MedicalPolicyManual/MedicalPolicyManual.aspx.

Contact the CMDP Claims unit at 602-351-2245 Option 2.

Billing Members is Prohibited

Under most circumstances, CMDP foster caregivers and CMDP members are not responsible for any medical or dental bills incurred for the provision of medically necessary services. Please note that an AHCCCS registered provider shall not request or collect payment from, refer to a collection agency, or report to a credit reporting agency an eligible person or a person claiming to be an eligible person in accordance with Arizona administrative Code R9-22-702. Civil penalties may be assessed to any provider who fails to comply with these regulations.
Providers who may have questions regarding exceptions to this rule are encouraged to contact the CMDP Provider Services unit at 602-771-3770 for clarification.

Members who have received a medical or dental bill from a CMDP provider, please contact the CMDP Member Services unit at 602-351-2245 or (800) 201-1795 for further instructions.

Comprehensive Medical and Dental Program
Dental Services and Provider Reimbursement

Unnecessary delays in claims processing and provider reimbursement can often times be avoided with a clearer understanding of plan benefit services.

The most important source to confirm current covered services and appropriate dental codes is to reference the CMDP Dental Benefit Matrix. The Matrix includes code description, coverage category and prior authorization (PA) requirements. The Comprehensive Medical and Dental Plan (CMDP) Dental Matrix can be accessed online at https://www.azdes.gov/cmdp/ in the provider services link.

Some of the dental treatment services that are frequently submitted include preventive, restorative, periodontics, oral surgery and anesthesia.

The dental matrix clarifies that preventive dental sealants (D1351) are only allowed for 1st and 2nd permanent molars and that space maintainers (D1510, D1515, D1520, D1525) are covered when there is premature loss of posterior teeth only.

A PA is required for selective cast crowns (D2750, D2751, D2752) for members 18-20 years old and on permanent teeth that have had root canal therapy. This PA procedure must include an x-ray.

The request for periodontal scaling and root planning (D4341, D4342) requires a PA and should include narrative, periodontal chart and x-rays.

A PA is required for the surgical removal of impacted 3rd molar teeth (D7220, D7230, D7240). The additional documentation of a narrative statement, treatment notes and x-rays are also beneficial.

Requests for general anesthesia (D9220) and intravenous (IV) conscious sedation (D9241) require a PA and narrative statement.

Dental providers and office staff members should frequently reference the information stated in the Dental Benefit Matrix when requesting and providing necessary treatment services to CMDP plan members.

Dr. Jerry Caniglia
CMDP Dental Consultant

Half of Poison Center Calls on E-Cigarette Liquids Involved Children: CDC Study

Over the past four years, 51% of calls to poison centers related to e-cigarette liquids containing nicotine involved children 5 years and younger, according to a study released today from the Centers for Disease Control and Prevention (CDC). About 42% of the calls concerned people 20 and older.

The study also found the number of e-cigarette exposure calls rose from one per month in September 2010 to 215 per month in February 2014. Calls involving conventional cigarettes did not show a similar increase during that period.

Poisoning from conventional cigarettes is generally a result of young children eating them, but poisonings from e-cigarettes are due to the liquid containing nicotine used in the devices being ingested, inhaled or absorbed through the skin or eyes.

“E-cigarette liquids as currently sold are a threat to small children because they are not required to be child-proof, and they come in candy and fruit flavors that are appealing to children,” CDC director Tom Frieden, M.D., M.P.H., said in a press release.

The study authors call on health care providers and others to be aware that “e-cigarettes have the potential to cause acute adverse health effects and represent an emerging public health concern.”

Read “Notes from the Field: Calls to Poison Centers for Exposures to Electronic Cigarettes — United States, September 2010–February 2014” in the April 4 issue of *Morbidity and Mortality Weekly Report* at http://1.usa.gov/1gShGar.

NEWS And Features

Developmental and Behavioral Health Screening

An essential part of every EPSDT exam is the developmental and behavioral health screening. As of April 1, 2014 AHCCCS will allow Primary Care Provider's (PCP's) to use one of three evidenced-based screening tools during an EPSDT exam: the Ages and Stages Questionnaire (ASQ), the Modified Checklist for Autism in Toddlers (M-CHAT), or the Parents Evaluation of Developmental Status Tool (PEDS Tool). Each screening tool has an area of focus, so PCPs will want to consider the presenting problem and age of child when selecting a tool to use.

The ASQ can be utilized for children between 1 to 66 months of age and is designed to measure a progress in 5 areas: Gross Motor, Fine Motor, Communication, Problem Solving, and Personal-Social. If a child scores in the Medium or High Risk areas on any category, PCPs may elect to initiate specialty referrals, monitor closely, or conduct further screenings. For the CMDP population, the ASQ is given to every child ages 0-5 years old during the behavioral health evaluation conducted through the Regional Behavioral Health Authority (RBHA) system. PCPs should ask the child's caregiver if an ASQ was recently performed during a behavioral health exam, and if so, might elect to use a different screening tool.

The M-CHAT is a validated developmental screening tool for children between 16 and 30 months of age, and is used to screen for children who may benefit from further developmental or Autism Spectrum Disorder (ASD) evaluations. Results will be categorized as Low-Risk, Medium-Risk, and High-Risk. If a child's scores fall in the Medium or High-Risk range, practitioners should consider a referral to a Developmental Behavioral Pediatrician, or other ASD resources through the RBHA system.

The Parent's Evaluation of Developmental Status (PEDS) Tool is a screening instrument that detects and addresses developmental and behavioral problems. The Tool can be administered during an EPSDT Exam for children ages 0-8. The Tool is designed to elicit caregivers concerns. After the PCP scores the form, the PEDS Tool will recommend follow up activities, which may include specialty referrals.

For more information on where to refer children after screening is complete or how to make a referral to the RBHA/behavioral health provider, please contact CMDP's Behavioral Health Unit at CMDPBHC@azdes.gov.

Regional Behavioral Health Authority Guidelines for Psychotropic Medication Use In Children Under 6 Years Old

The Regional Behavioral Health Authorities (RBHAs) have prior authorization policies in place for Attention Deficit Hyperactivity Disorder (ADHD) and Antipsychotic medication use in children less than 6 years of age. These guidelines can be found on the Arizona Department of Health Services (ADHS) website at http://www.azdhs.gov/bhs/drug-list-prior-authorization-guidelines.php.

The guideline for ADHD prescribing includes the documentation of an ADHD diagnosis, psychosocial and non-medical interventions in place, a completed psychosocial evaluation, and documented attempts with the use of non-medication alternatives. ADHD medications are not authorized for indications other than an ADHD diagnosis or for doses larger than the Food and Drug Administration (FDA) recommended daily dosage.

The guideline for Antipsychotic prescribing includes the documentation of a diagnosis of Bipolar, Schizophrenic, Tourette's, or Autism, psychosocial and non-medical interventions in place, a completed psychosocial evaluation, and documented attempts with the use of non-medication alternatives, and documentation on expected outcomes and an evaluation of potential adverse events. Antipsychotic medications are not authorized for children with a known hypersensitivity to the requested medication, and children who do not meet the criteria discussed above.

Also required, for both ADHD and Antipsychotic prescribing, is that children under 6 are monitored through the "Psychiatric Best Practices Guidelines for Children: Birth to five years of age" which can be found at http://www.azdhs.gov/bhs/guidance/bp_birthtofive.pdf.

For any questions on how to make a referral for a psychiatric evaluation through the RBHA system of care, please contact CMDP's Behavioral Health Unit at CMDPBHC@azdes.gov .

Targeted Tuberculin Testing Regarding Children & Youth in Foster Care

The Arizona Department of Health Services (ADHS), Bureau of Epidemiology and the Centers for Disease Control and Prevention (CDC) recommend targeted tuberculin testing as an essential part of TB prevention and control. Finding and treating those with latent TB infection (LTBI) reduces the number of potential TB cases. **Unfocused testing (annual screening) is not cost-effective or useful.** Targeted testing programs should be designed to find persons at high risk for developing TB disease and who would benefit from treatment. Tuberculin testing programs should be conducted only among high-risk groups, with the intent to treat if LTBI is detected.

Children and youth in foster care pose a special problem for the healthcare provider, because in many situations a past medical history may not be readily available for review. Some children in care reside in group home or congregate care settings and some are placed in correctional facilities. These settings all pose a higher risk of TB and the child/youth should be tested upon entry into the facility.

The CDC website provides a sample screening tool as the best way to determine who may be at risk of TB infection. **Persons with any of the following risk factors are candidates for tuberculin testing**, unless there is written documentation of a previous positive TST or QuantiFERON®-TB Gold test (QFT).

Risk Factor	Yes	No
Recent close or prolonged contact with someone with infectious TB disease		
Foreign-born child/youth from or recent traveler to high-prevalence area or parents who were foreign born		
Chest radiographs with fibrotic changes suggesting inactive or past TB		
HIV infection		
Organ transplant recipient		
Immunosuppression secondary to use of prednisone (equivalent of ≥ 15 mg/day for ≥ 1 month) or other immunosuppressive medication such as TNF-alpha antagonists		
Injection drug user		
Children/youth who reside in a high-risk congregate setting (e.g., correctional facility, LTC facility, hospital, nursing home, homeless shelter)		
Medical conditions associated with risk of progressing to TB disease if infected (e.g., diabetes mellitus, silicosis, cancer of head or neck, Hodgkin's disease, leukemia, and end-stage renal disease, intestinal bypass or gastrectomy, chronic malabsorption syndrome, low body weight [10% or more below ideal for given population] or failure-to-thrive)		
Signs and symptoms of TB		

References:

http://www.cdc.gov/tb/default.htm
http://www.azdhs.gov/phs/oids/tuberculosis/index.htm
Arizona Department of Health Services (ADHS), Bureau of Epidemiology

Update on Blood Lead Levels in Children

- Experts now use a reference level of 5 micrograms per deciliter to identify children with blood lead levels that are much higher than most children's levels. This new level is based on the U.S. population of children ages 1-5 years who are in the highest 2.5% of children when tested for lead in their blood.
- Until recently, children were identified as having a blood lead "level of concern" if the test result is 10 or more micrograms per deciliter of lead in blood. CDC is no longer using the term "level of concern" and is instead using the reference value to identify children who have been exposed to lead and who require case management.
- In the past, blood lead level tests below 10 micrograms per deciliter of lead in blood may, or may not, have been reported to parents. The new lower value means that more children will likely be identified as having lead exposure allowing parents, doctors, public health officials, and communities to take action earlier to reduce the child's future exposure to lead.
- What has *not changed* is the recommendation for when medical treatment is advised for children with high blood lead exposure levels. The new recommendation does not change the guidance that chelation therapy be considered when a child has a blood lead test result greater than or equal to 45 micrograms per deciliter.
- Children can be given a blood test to measure the level of lead in their blood. These tests are covered by Medicaid.

References:
http://www.cdc.gov/nceh/lead/ACCLPP/blood_lead_levels.htm

Reminder for all providers:
Elevated blood lead levels, 10 or more micrograms per deciliter, are reportable to the Arizona Department of Health Services.

Black Box Warnings

CMDP was notified of two drug recalls for our members. **Alli® weight loss products** was discontinued due to possible package tampering. Alli® is used along with a low calorie diet to increase weight loss. Multiple consumers from 7 states reported bottles of Alli® that contained tablets and capsules that were not Alli®. Additionally, **Abbott Diabetes care meters, Free style & Free style** flash was discontinued due to the meters producing erroneously low blood glucose results. Fortunately, none of CMDP's members were affected by the recalls.

Measles in Arizona

In April one person with measles visited several locations in Arizona exposing over a thousand people. The Maricopa County Health Department is working hard to identify, isolate, and control further cases.

Please be on the look out for measles in your practices. We must never let our guard down. Measles typically starts with a prodrome of a fever with a cough, conjunctivitis, or coryza, followed shortly by a maculopapular rash on the face that then progresses downward and outward to the trunk and limbs. Infections occurring in immunocompromised populations may present atypically.

Any provider suspecting measles in a patient should notify the local health department immediately. In addition to standard precautions, suspect measles cases should be placed in airborne precautions as soon as possible. If a patient calls saying that they are ill and may have been exposed to measles, please take precautions to be sure that patients in your waiting room will not be exposed and that all your staff are adequately vaccinated. **The best way to prevent measles is to be vaccinated with two doses of MMR**.

Chlamydia Infections in Children and Adolescents

Chlamydia trachomat is one of the most common, reportable, sexually transmitted bacterial infection in the United States. There is a need for **annual screening** for chlamydia in sexually active adolescents and young adults. Most infections are asymptomatic and occur in adolescents and young adults under 25 years-of-age. Because the infection is asymptomatic in 75% of females and 50% of males, it is under-recognized and under-diagnosed.

A high clinical index of suspicion for chlamydial infection (e.g., pelvic inflammatory disease or epididymitis) and prompt treatment are necessary to resolve symptoms, prevent complications, and prevent transmission to sexual partners.

Chlamydia is easily diagnosed and treated. Nucleic acid amplification tests are the preferred diagnostic tests because of their superior sensitivity, and they can be performed on easily collected specimens, such as urine or vaginal swabs.

There are **highly efficacious treatment options** including single-dose oral azithromycin or a 1-week course of doxycycline.

The cornerstone of chlamydia prevention is screening young females for infection because most of the reproductive complications of chlamydia occur in females. On the basis of strong research evidence, the US Preventive Services Task Force recommends screening for chlamydial infection for all sexually active nonpregnant females 24 years and younger and for older nonpregnant females who are at increased risk of infection.

Siqueira, LM. Pediatrics in Review 2014;35(4):145

Changes to Woman, Infant and Children Program-Approved Formulas

Abbott is changing the Similar Sensitive, Total Comfort, and Spit-up formulations. These formulas will now go from 20Kcal/oz. to 19 Kcal/oz. Due to this change; these formulas will no longer meet the USDA/FDA definition of an infant formula. Women, Infant, and Children (WIC) can now only issue these formulas for a health-related reason with medical documentation from the medical provider.

As of April 1, 2014, Similac Advance and Enfamil Prosobee will be the only standard contract formulas offered by the WIC program without a prescription. Many WIC babies will be transitioned to these formulas. For those infants without AHCCCS coverage, providers can submit medical documentation as to why an infant has special needs for one of these non-contracted formulas. More information and the medical documentation forms can be located at http://azdhs.gov/azwic/physicians.htm. For infants who are on AHCCCS & CMDP and have a medical need for a specific formula, please submit a prior authorization request.

Human Papilloma Virus- Associated Head & Neck Cancers
Another Good Reason to Immunize!

Human Papilloma Virus (HPV) infection is one of the most common sexually transmitted infection in men and women in the United States. Most sexually active persons will acquire HPV during their lifetime. Recent data indicate that approximately 79 million persons are currently infected with HPV, and 14 million persons are newly infected each year in the United States.

Most people are well aware of the cervical cancer risks for women, but less well publicized has been the large increase noted in HPV-positive oropharyngeal cancers, primarily in young adult men. The population-based incidence of **HPV-positive oropharyngeal cancers has increased by 225% from 1988 to 2004,** (from 0.8 per 100,000 to 2.6 per 100,000). **If recent incidence trends continue, the annual number of HPV-positive oropharyngeal cancers is expected to surpass the annual number of cervical cancers by the year 2020.** These cancers disproportionately affect men more than women, reinforcing the need for all preteen boys and girls to become protected by vaccination.

Of the more than 150 different types of HPV, approximately 40 are transmitted through sexual contact and infect the anogenital region and other mucosal sites of the body. Mucosal HPV types are classified as either **high-risk HPV** (**oncogenic**) (e.g., types 16 and 18) or low-risk HPV (e.g., types 6 and 11). High-risk HPV causes many cancers of the cervix, vagina, vulva, penis, and anus. HPV 16 is linked to many **oropharyngeal cancers**. Low-risk HPV causes anogenital warts and recurrent respiratory papillomatosis, a rare but serious condition in which warts grow in the throat and airway. Most infections cause no symptoms and are not clinically significant, but persistent infection can lead to disease or cancer.

Recent U.S. population-based studies conducted by CDC show that 66% of cervical cancers, 55% of vaginal cancers, 79% of anal cancers, and **62% of oropharyngeal cancers are attributable to HPV types 16 or 18.** Each year in the United States, an estimated 26,000 new cancers are attributable to HPV, about 17,000 in women and 9,000 in men.

The burden and cost of HPV-associated disease and cancer remain an significant public health problem. Reducing the burden of HPV-associated cancer and disease through vaccination requires an integrated approach that includes clinical medicine, public health, and public policy. Two FDA-licensed prophylactic HPV vaccines (Gardasil & Cervarix) are safe, well tolerated, and highly effective. Vaccination is routinely recommended for girls and boys aged 11 or 12 years; however, **vaccination coverage is well below Healthy People 2020 targets**. An important public health goal is **enhancing HPV disease prevention by improving vaccination coverage** through public policy and clinical practice.

CDC Grand Rounds: Reducing the Burden of HPV-Associated Cancer and Disease. January 31, 2014 / 63 (04);69-72
http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6304a1.htm

Human Papillomavirus and Rising Oropharyngeal Cancer Incidence in the United States. J Clin Oncol 2011;29:4294-4301

http://jco.ascopubs.org/content/early/2011/10/03/JCO.2011.36.4596.abstract

Maternity Care Package Claim

In the most recent update to the AHCCCS Medical Policy Manual, Chapter 400, changes were made related to the Maternity Care global claim package. The policy change does NOT impact how care or services are paid for by the Comprehensive Medical & Dental Program (CMDP). However, the policy change now requires CMDP to implement processes to ensure that all claim forms for maternity care include all dates of service. Effective immediately, all Maternity Care Providers are required to:

- Submit an initial claim for the member's initial office visit
- When the total Maternity Care package is billed, include all individual prenatal visits separately on the claim

Please Note: Ultrasounds are still excluded from the Maternity Care global claim package and should continue to be billed to CMDP individually after each ultrasound is performed.

In addition to the claims submission change CMDP is determined to take a more active role ensuring our members receive the best prenatal and postnatal care possible. We are confident this can be completed with the help from everyone involved with the members' care. One way CMDP is proposing this happens is by validating that our members are attending all prenatal and postnatal visits. We are requesting providers contact CMDP within (2) days if a member has a missed or canceled an appointment. Upon notification CMDP will contact the member and stress the importance of the prenatal visits and assist them in any way possible to ensure future appointments are kept.

For further information and to submit notifications please contact the CMDP Maternal Health Coordinator at 602-771-1283 or the Provider Service Department at (602)351-2245.

Foster Youth Remain Eligible for AHCCCS until Age 26

One of the Affordable Care Act's successes is a provision that allows young people up to 26 years old to remain on their parents' health insurance. Under a similar, but less-known provision, young adults who have been recently released from care can also get Medicaid coverage, regardless of their incomes. An estimated 180,000 foster care alumni became eligible on Jan. 1.
http://www.pewstates.org/projects/stateline/headlines/states-enroll-former-foster-youth-in-medicaid-85899544611

Youth who are age 21 or older must apply as any other adult would apply, by completing the AHCCCS application online or a paper version from a DES office. The application has a question for the young adult to notate if they have previously been in foster care. AHCCCS is working on a method for the system to identify an eligible youth based on historical information. A youth under the age of 21 may contact the Division of Child Safety (DCS) Transitional Independent Living Program for assistance in completing this process.

Cultural Competency Pointers

What Is Cultural Competency?

Cultural and linguistic competence is a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations. 'Culture' refers to integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups. 'Competence' implies having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors, and needs presented by consumers and their communities. (Adapted from Cross, 1989).

And why is it important?
Cultural competency is one the main ingredients in closing the disparities gap in health care. It's the way patients and doctors can come together and talk about health concerns without cultural differences hindering the conversation, but enhancing it. Quite simply, health care services that are respectful of and responsive to the health beliefs, practices and cultural and linguistic needs of diverse patients can help bring about positive health outcomes.

Culture and language may influence:

- health, healing, and wellness belief systems;
- how illness, disease, and their causes are perceived; both by the patient/consumer and
- the behaviors of patients/consumers who are seeking health care and their attitudes toward health care providers; as well as the delivery of services by the provider who looks at the world through his or her own limited set of values, which can compromise access for patients from other cultures.

The increasing population growth of racial and ethnic communities and linguistic groups, each with its own cultural traits and health profiles, presents a challenge to the health care delivery service industry in this country. The provider and the patient each bring their individual learned patterns of language and culture to the health care experience which must be transcended to achieve equal access and quality health care.

The Office of Minority Health: http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=11

Language Line

Language Line Services are provided for members and foster caregivers to communicate with CMDP and healthcare providers. The service is for interpretation in over 140 languages either by phone or written translation. **American Sign Language** is also available to help members and foster caregivers communicate with healthcare providers. We ask that you contact us one week in advance to arrange for language interpretation services. To request these services, you must contact CMDP Member Services at 602-351-2245 or 1-800-201-1795.

Comprehensive **M**edical and **D**ental **P**rogram
"Serving Arizona's Children in Foster Care"
(602) 351-2245
800 201-1795
www.azdes.gov/cmdp

Helpful Websites

Arizona Health Care Cost Containment System (AHCCCS) is Arizona's Medicaid agency that offers health care programs to serve Arizona residents.
www.azahcccs.gov

Children's Rehabilitative Services (CRS): This program provides medical care and support services to children and youth who have chronic and disabling conditions.
http://www.uhccommunityplan.com/

Vaccines for Children (VFC): A federally funded program that provides vaccines at no cost to children who might not otherwise be vaccinated because of inability to pay.
http://www.cdc.gov/vaccines/programs/vfc/index.html

Every Child by 2 Immunizations (ECBT): A program designed to raise awareness of the critical need for timely immunizations and to foster a systematic way to immunize all of America's children by age two.
www.ecbt.org

Arizona State Immunization Information System (ASIIS) and The Arizona Partnership for Immunization (TAPI): A non-profit statewide coalition who's efforts are to partner with both the public and private sectors to immunize Arizona's children.
www.whyimmunize.org

American Academy of Pediatrics: An organization of pediatricians committed to the optimal physical, mental, and social health and well-being for all infants, children, adolescents, and young adults.
www.aap.org

Department Email Addresses

Claims	CMDPClaimsStatus@azdes.gov
Provider Services	CMDPProviderServices@azdes.gov
Behavioral Services	CMDPBHC@azdes.gov
Member Services	CMDPMemberServices@azdes.gov

Department Fax Numbers

Claims	(602) 265-2297
Provider Services	(602) 264-3801
Behavioral Services	(602) 351-8529
Medical Services	(602) 351-8529
Member Services	(602) 264-3801

Arizona Department of Child Safety

Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008, the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact 602-364-3976; TTY/TDD Services: 7-1-1. • Free language assistance for DES services is available upon request. • Disponible en español en línea o en la oficina 602-351-2245 o al 1-800-201-1795.